

MULTIPLE DEPENDENT CLAIM CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. **10-019381** FILING DATE _____
APPLICANT(S) _____

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND. 3							
TOTAL DEP. 28							
TOTAL CLAIMS 31							

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND. 1							
TOTAL DEP. 1							
TOTAL CLAIMS 2							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy